

M/WBE COVER LETTER Minority & Woman-Owned Business Enterprise Requirements

NYS P-TECH

PROJECT NAME: NYS P-Tech Cohort 4 – Gorton High School

In accordance with the provisions of Article 15-A of the NYS Executive Law, 5 NYCRR Parts 140-145, Section 163 (6) of the NYS Finance Law and Executive Order #8 and in fulfillment of the New York State Education Department (NYSED) policies governing Equal Employment Opportunity and Minority and Women-Owned Business Enterprise (M/WBE) participation, it is the intention of the New York State Education Department to provide real and substantial opportunities for certified Minority and Women-Owned Business Enterprises on all State contracts. It is with this intention the NYSED has assigned M/WBE participation goals to this contract.

In an effort to promote and assist in the participation of certified M/WBEs as subcontractors and suppliers on this project for the provision of services and materials, the bidder is required to comply with NYSED's participation goals through one of the three methods below. Please indicate which one of the following is included with the M/WBE Documents Submission:

- Full Participation – No Request for Waiver (PREFERRED)
- Partial Participation – Partial Request for Waiver
- No Participation – Request for Complete Waiver

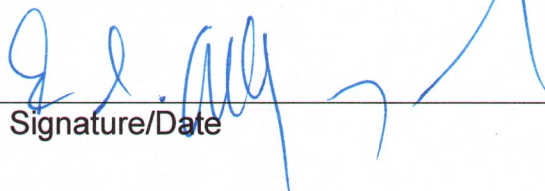
By my signature on this Cover Letter, I certify that I am authorized to bind the Bidder's firm contractually.

Dr. Edwin Quezada

Typed or Printed Name of Authorized Representative of the Firm

Superintendent of Schools

Typed or Printed Title/Position of Authorized Representative of the Firm



9/30/21

Signature/Date

M/WBE Goal Calculation Worksheet
 (This form should reflect the current year's budgeted costs)

Project Name: NYS P-TECH Cohort 4 – Gorton High School

Applicant Name: Yonkers City School District

The M/WBE participation for this grant is 30% of each applicant's total discretionary non-personal service budget over the entire term of the grant. Discretionary non-personal service budget is defined as the total budget, excluding the sum of funds budgeted for direct personal services (i.e., professional and support staff salaries) and fringe benefits, as well as indirect costs (lines 2-7 in the table below), if these are allowable expenditures. **For the purposes of this grant, these exclusions apply to the expenses of the lead applicant as well as any other members of the partnership.** For example, the salaries of project staff employed by the IHE and business partners should be excluded from the total budget, along with the lead applicant's project staff salaries, when calculating the discretionary non-personal service budget. Therefore, **lines 2-7 below will include any project salaries and fringe benefits of the lead applicant AND members of the partnership.** (Please note that the indirect costs of partner organizations are not allowable expenses under this grant program. Additionally, if Rent/Lease/Utilities are included in the applicant's Indirect Costs, do not include them again in Line 7.)

	Budget Category	Amount budgeted for items excluded from M/WBE calculation	Totals
1.	Total Budget		<u>\$550,000</u>
2.	Professional Salaries	<u>\$224,859</u>	
3.	Support Staff Salaries	<u>\$14,720</u>	
4.	Fringe Benefits	<u>\$67,419</u>	
5.	Portion of Purchased Services identified as Student Tuition (Code 40)	<u>\$53,921</u>	
6.	Indirect Costs	<u>\$4,425</u>	
7.	Rent/Lease/Utilities		
8.	Sum of lines 2, 3, 4, 5, 6 and 7		<u>\$365,344</u>
9.	Line 1 minus Line 8		<u>\$184,656</u>
10.	M/WBE Goal percentage (30%)		0.30
11.	Line 9 multiplied by Line 10 =M/WBE goal amount		<u>\$55,397</u>

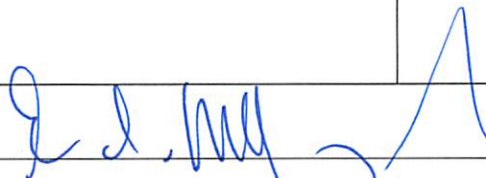
This form is only for use with the NYS P-TECH Program. It may not be used with any other grant program.

2021-2022 M/WBE UTILIZATION PLAN

INSTRUCTIONS: All bidders submitting responses to this procurement must complete this M/WBE Utilization Plan unless requesting a total waiver and submit it as part of their proposal. The plan must contain detailed description of the services to be provided by each Minority and/or Women-Owned Business Enterprise (M/WBE) identified by the bidder.

Bidder's Name	Yonkers City School District	Telephone:	(914) 376-8425
Address	One Larkin Center	Federal ID No.:	136007340
City, State, Zip	Yonkers, New York 10701	RFP No.:	PTECH Project #0639-20-4007 – Gorton HS

Certified M/WBE	Classification (check all applicable)	Description of Work (Subcontracts/Supplies/Services)	Annual Dollar Value of Subcontracts/Supplies/Services
NAME: The Mola Group ADDRESS: 205 Tibetts Road CITY, STATE, ZIP: Yonkers, NY 10705 PHONE: 844-355-0080 info@mola-group.com	NYS ESD Certified MBE <input checked="" type="checkbox"/> _____ WBE _____	Educational Materials and Supplies	\$55,397

PREPARED BY (Signature)  DATE 3.2.2022

SUBMISSION OF THIS FORM CONSTITUTES THE BIDDER'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-1, 5 NYCRR PART 143 AND THE ABOVE REFERENCE SOLICITATION. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND/OR PROPOSAL DISQUALIFICATION.

NAME AND TITLE OF PREPARER: Edwin Quezada, Superintendent of Schools

TELEPHONE/E-MAIL (914) 376-8086 /equezada@yonkerspublicschools.org

DATE

MWBE 100

REVIEWED BY _____	DATE _____
UTILIZATION PLAN APPROVED YES/NO	DATE _____
NOTICE OF DEFICIENCY ISSUED YES/NO	DATE _____
NOTICE OF ACCEPTANCE ISSUED YES/NO	DATE _____

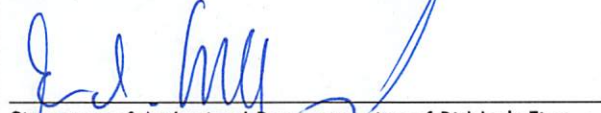
MWBE SUBCONTRACTORS AND SUPPLIERS

2021-2022 NOTICE OF INTENT TO PARTICIPATE – Gorton HS

INSTRUCTIONS: Part A of this form must be completed and signed by the Bidder/Contractor unless requesting a total waiver. Parts B & C of this form must be completed by MBE and/or WBE subcontractors/suppliers. The bidder/contractor must submit a separate M/WBE Notice of Intent to Participate form for each MBE or WBE as part of the proposal.

Bidder Name: Yonkers City School District
Address: One Larkin Center
City: Yonkers State: New York Zip Code: 10701

Federal ID No.: 13-6007340
Phone No.: (914) 376-8100
E-mail: quezada@yonkerspublicschools.org


Signature of Authorized Representative of Bidder's Firm
Date: 3-2-2022

Dr. Edwin Quezada, Superintendent of Schools
Print or Type Name and Title of Authorized Representative of Bidder's Firm

PART B - THE UNDERSIGNED INTENDS TO PROVIDE SERVICES OR SUPPLIES IN CONNECTION WITH THE ABOVE PROCUREMENT:

NAME: The Mola Group
ADDRESS: 205 Tibetts Road
CITY, STATE, ZIP: Yonkers, NY 10705
PHONE: 844-355-0080
info@mola-group.com

BRIEF DESCRIPTION OF SERVICES OR SUPPLIES TO BE PERFORMED BY MBE OR WBE:

Educational Materials, technology and Supplies

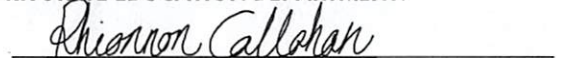
DESIGNATION: MBE Subcontractor WBE Subcontractor MBE Supplier WBE Supplier

PART C - CERTIFICATION STATUS (CHECK ONE):

The undersigned is a certified M/WBE by the New York State Division of Minority and Women-Owned Business Development (MWBD).
 The undersigned has applied to New York State's Division of Minority and Women-Owned Business Development (MWBD) for M/WBE certification.

THE UNDERSIGNED IS PREPARED TO PROVIDE SERVICES OR SUPPLIES AS DESCRIBED ABOVE AND WILL ENTER INTO A FORMAL AGREEMENT WITH THE BIDDER CONDITIONED UPON THE BIDDER'S EXECUTION OF A CONTRACT WITH THE NEW YORK STATE EDUCATION DEPARTMENT.

The estimated dollar amount of the agreement \$55,397


Signature of Authorized Representative of M/WBE Fr

3/2/2022
Date

Rhianon Callahan, Business Development Manager
Printed or Typed Name and Title of Authorized Representative

EQUAL EMPLOYMENT OPPORTUNITY - STAFFING PLAN (Instructions on Page 2)

Applicant Name: Yonkers City School District – Gorton HS
 Address: One Larkin Center
 City, State, ZIP: Yonkers, New York 10701

Telephone: (914) 376-8068
 Federal ID No.: 136007340
 Project No: NYS PTECH

Report includes:

Work force to be utilized on this contract OR

Reporting Entity:

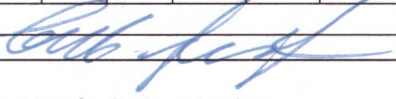
Contractor

Applicant's total work force

Subcontractor – Name: _____

Enter the total number of employees in each classification in each of the EEO-Job Categories identified.

EEO - Job Categories	Total Work Force	Race/Ethnicity - report employees in only one category																	
		Hispanic or Latino		Not-Hispanic or Latino															
				Male							Female								
		Male	Female	White	African-American or Black	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or More Races	Disabled	Veteran	White	African-American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or More Races	Disabled	Veteran
Executive/Senior Level Officials and Managers	4	1									2	1							
First/Mid-Level Officials and Managers	1			1															
Professionals	6			3							2	1							
Technicians	-																		
Sales Workers	-																		
Administrative Support Workers	1										1								
Craft Workers	-																		
Operatives	-																		
Laborers and Helpers	-																		
Service Workers	-																		
TOTAL	12	1		4							5	2							

PREPARED BY (Signature): 
 NAME AND TITLE OF PREPARER: Cristina Jarufe, Budget Analyst
 (Print or type)

DATE: _____

TELEPHONE/EMAIL: (914) 376-8086 / cjarufe@yonkerspublicschools.org